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BIB DATA SHEET

CONFIRMATION NO. 7919

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/814,926		623	3775	ZIM0591

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 03 007 543.6 04/01/2003
 EUROPEAN PATENT OFFICE (EPO) 04 002 710.4 02/06/2004

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/19/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance MJA Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SWITZERLAND	10	34	2

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TITLE

IMPLANT FOR THE TREATMENT OF BONE FRACTURES

FILING FEE RECEIVED 1752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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